

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR TRANSFER OF CEMETERY PRENEED SELLER LICENSE

TYPE OR PRINT IN INK

SECTION A: TO BE COMPLETED BY APPLICANT

LAST NAME FIRST NAME MI

STREET ADDRESS AT WHICH YOU RESIDE. A POST OFFICE BOX ALONE IS NOT SUFFICIENT FOR LICENSING

Number Street Apartment Number

City State Zip Code

DATE OF BIRTH

month day year

DAYTIME TELEPHONE NUMBER

() -

ENTER YOUR PRENEED SELLER
LICENSE NUMBER

APPLICANT MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that failure to comply with the license law or rules and regulations of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Subscribed and sworn before me this day of ,

Signature of Notary Public

(Seal)

Date Commission Expires

NO FEE IS REQUIRED

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SECTION B: PLACE A CHECK MARK IN FRONT OF ONE OF THE FOLLOWING AND FILL IN THE BLANK, IF APPLICABLE:

Reason for completing this form:

- ☐ I am transferring from the employment of _____
to the preneed seller listed below.
- ☐ I will work for more than one preneed seller employer and the preneed seller listed below is in addition to the preneed seller employer(s) the Department already has on record.

SECTION C: TO BE COMPLETED BY PROSPECTIVE PRENEED SELLER/EMPLOYER

**ENTER NAME OF EMPLOYER
EXACTLY AS IT APPEARS ON THE
EMPLOYER'S LICENSE CERTIFICATE.**

OFFICE USE ONLY

**ENTER THE LICENSE NUMBER OF THE
EMPLOYING PRENEED SELLER NAMED ABOVE.**

ENTER MAIN OFFICE TELEPHONE NUMBER ()

**ENTER THE BUSINESS ADDRESS OF
THE MAIN OFFICE OF THE
EMPLOYING PRENEED SELLER**

Number

Street

City

State

Zip Code

This statement must be signed by a corporate officer of the employing Preneed Seller.

This is to certify that I will assume responsibility for the applicant pursuant to the Department rules.

Last First Initial Title

Signature Date